Patent Application Attorney Docket No. PC9978A

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this 5th day of June, 2002.

Ву

ROY F. WALDRON

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

COPY OF PAPERS ORIGINALLY FILED

IN RE APPLICATION OF: F. Ito et al.

Examiner: B. Kifle

APPLICATION NO.: 09/753,954

Group Art Unit: 1624

FILING DATE: January 3, 2001

RECEIVED

TITLE: BENZIMIDAZOLE COMPOUDS AS ORL1-RECEPTOR AGONISTS

COPY OF PAPERS

JUN 2 0 2002

Commissioner for Patents Washington, D.C. 20231

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TECH CENTER 1600/2900

Sir:

TRANSMITTAL LETTER

Transmitted herewith is [X] a Response and Amendment under 37 C.F.R. § 1.111; and [X] a Petition for Extension of Time; in the above-identified application;.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

| (1) | (2) Claims Remaining After Amendment | | (3) | (4) Highest Number Previously Paid For | | (5) Present Extra | | (6) | Additional Fee |
|-------------------------------------|--------------------------------------|---|-------|--|-----|-------------------|---|-----------|-------------------|
| Total Claims | 9 | * | minus | 20 | ** | = | 0 | X \$18.00 | 0 |
| Independent Claims | 1 | * | minus | 3 | *** | = | 0 | X \$80.00 | 0 |
| [] Multiple Dependent Claim(s) fee | | | | | | | | \$270.00 | 0 |
| | - | | | | | | | TOTAL= | 0 |

If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

- If the "Highest No. Previously Paid for" is less than 20, write "20" in this space.
- If the "Highest No. Previously Paid for" is less than 3, write "3" in this space.
- No additional claim fee is required. \boxtimes
- A Petition for Extension of Time for responding within three month(s) of the \boxtimes response date is also enclosed. The Commissioner is authorized to charge the fee

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pursuant to 37 C.F.R. § 1.17(a)(3) in the amount of \$ 920.00 to Pfizer Deposit Account No. 16-1445. Two copies of this paper are enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required under 37 C.F.R. §§1.16 and 1.17, or credit any overpayment, to Deposit Account No. 16-1445. Two copies of this paper are enclosed.

Respectfully submitted,

Date:

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Roy F. Waldron

Attorney for Applicants

Reg. No. 42,208

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